

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000101936

Entity Name: JACKSONVILLE MEDICAL ALLIANCE LLC

Current Principal Place of Business:

495 BLANDING BLVD.
ORANGE PARK, FL 32073

Current Mailing Address:

2729 STATE ROAD 580
CLEARWATER, FL 33761 US

FEI Number: 83-4687546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAZE, ILIANA
2729 STATE ROAD 580
CLEARWATER, FL 33761 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MEDICAL UNITED LLC
Address 2729 STATE ROAD 580
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER
Name FIELD, IVAN
Address 2729 STATE ROAD 580
City-State-Zip: CLEARWATER FL 33761

Title AUTHORIZED MEMBER
Name MAZE, ILIANA
Address 2729 STATE ROAD 580
City-State-Zip: CLEARWATER FL 33761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ILIANA MAZE

AMBR

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date